

**2012 – 2013 Ryan White Part A Program
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Service Category	Goal	Measure	Numerator	Denominator	Target %	6 Mo %	Year %	TREND
Central Eligibility	Clients receiving services through the Central Eligibility Office will attend an HIV primary medical care visit every 6 months	Self-report answer to question on the bi-annual Central Eligibility application	The number of ongoing clients who mark “yes” to the question “Have you seen your health practitioner in the past 6 months? “ on their Central Eligibility application renewal.	The number of ongoing clients who renewed their Central Eligibility that month.	80%			
	Clients receiving services through the Central Eligibility Office will report taking HIV medications.	Self-report answer to question on the bi-annual Central Eligibility application	The number of clients who mark “yes” to the question “Are you taking HIV Medications?” on their Central Eligibility application renewal	The number of ongoing clients who renewed their Central Eligibility that month.	80%			
	Clients will not have a lapse in eligibility for Ryan White Part A Services by renewing their Central Eligibility every 6 months	CareWare records	The number of clients who are “current” for RWPA services in month 6	The number of clients using RWPA services who became “current” in Central Eligibility in month 1.	60%			
Dental Insurance Services	Eligible clients who are referred through CareWare will have	Incoming referrals received through CareWare will be	Of the clients who are referred during the grant	The total number of all clients who submit a completed application	85%			

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	access to oral healthcare through dental insurance.	completed within 2 business days. This means a client will be sent a referral packet with information on how to enroll in the program.	year, the number of clients who were sent a referral packet within two business days.	to the dental insurance program during the grant year.				
	Eligible clients who submit a completed application will have access to oral healthcare through dental insurance.	Eligible clients will be enrolled or added to a waiting list for the dental insurance program within 2 business days of receipt of a completed application.	Of the clients who submit a completed application to the dental insurance program during the grant year, the number of clients who were enrolled or added to the waiting list within two business days.	The total number of clients who are referred through CareWare to the dental insurance program in the grant year.	85%			
Direct Dental Services	To improve the oral health of people with HIV/AIDS by increasing utilization of available services	Number of people enrolled in direct dental services reimbursement plan that complete phase one treatment within twelve months of beginning treatment.	Number of people who complete phase one care (defined as elimination of oral disease; e.g., caries, periodontal infection) within twelve months of beginning treatment.	People with direct dental reimbursement plan who enroll at dental clinic for their oral care.	95%			
	To improve oral health of clients enrolled in	We will administer a five question survey	Clients enrolled in our program who	Clients enrolled in our program.	95%			

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	our program by providing appropriate education, home care instruction and anticipatory guidance.	(see comments) after initial phase of treatment (elimination of pain, comprehensive exam and dental prophylaxis with oral hygiene instruction.	agrees to complete survey.					
	To conduct at least one (1) diagnostic exam annually for new Direct Dental patients.	The percentage of new Direct Dental patients who have at least one (1) diagnostic exam annually.	New Direct Dental patients who receive at least one (1) diagnostic exam annually.	New Direct Dental patients who have at least one (1) dental visit annually.	75%			
Early Intervention Services	To link newly diagnosed HIV-positive patients to Outpatient/Ambulatory Medical Care. "Newly diagnosed" means a patient was diagnosed HIV-positive no more than 6 months prior to initial contact with the clinic.	The percentage of newly diagnosed HIV-positive patients who meet the following milestones: •Has accessed primary HIV medical care; •Has been assessed for mental health and outpatient substance abuse services; and •Has received a health literacy assessment.	Newly diagnosed HIV-positive patients who meet the three measurement criteria.	Newly diagnosed HIV-positive patients who contact the clinic to enroll in Outpatient/Ambulatory Medical Care.	85%			
	To retain newly diagnosed HIV-positive	The percentage of newly diagnosed	Newly diagnosed HIV-positive	Newly diagnosed HIV-positive patients who	85%			

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	patients in Outpatient/Ambulatory Medical Care. “Newly diagnosed” means a patient was diagnosed HIV-positive no more than 6 months prior to initial contact with the clinic.	HIV-positive patients who meet the following milestones: •Attended at least three (3) medical appointments within fourteen (14) months of enrollment into EIS; •Has had at least three (3) CD4 counts and HIV viral load levels within fourteen (14) months of enrollment into EIS; and •Has followed-up on all referrals made through EIS.	patients who meet the three measurement criteria.	enroll in Outpatient/Ambulatory Medical Care services at the clinic.				
	To ensure second verified visit with a primary medical care provider.	The percentage of newly diagnosed clients identified onsite who: •Consent to receive EIS services; •Attended a first verified visit with a primary medical care provider. •Attend a second verified visit with a	Newly diagnosed HIV-positive clients who, having previously met Goal #1, meet the measurement criteria for Goal #2.	Newly diagnosed HIV-positive clients identified onsite who attended a first verified visit with a primary medical care provider.	70%			

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		primary medical care provider.						
	To connect previously diagnosed HIV positive patients identified within Correctional Health Services (CHS) to the CHS Infectious Disease Clinic for HIV specialty care.	Previously diagnosed HIV positive patients identified through the Chronic Condition, pharmacy or encounter lists are scheduled and evaluated in the Infectious Disease Clinic before release.	1) Diagnosed HIV positive patients identified within CHS scheduled for an Infectious Disease Clinic appointment but not evaluated before their release date. 2) Diagnosed HIV positive patients identified within CHS scheduled for an Infectious Disease Clinic appointment and evaluated before release.	1 & 2) Diagnosed HIV positive patients identified within CHS.	50%			
Early Intervention Services (MAI)	To link refugees who are new to the clinic to Outpatient/Ambulatory Medical Care. "Refugee" means a person who has been forced to leave their country in order to escape war, persecution, or natural disaster.	The percentage of new to the clinic refugee patients who meet the following milestones: •Has accessed primary HIV medical care; •Has been assessed for mental health and outpatient	New to the clinic refugees who meet the three measurement criteria.	New to the clinic refugees who contact the clinic to enroll in Outpatient/Ambulatory Medical Care.	85%			

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		substance abuse services; and •Has received a health literacy assessment.						
	To retain refugees who are new to the clinic in Outpatient/Ambulatory Medical Care. “Refugee” means a person who has been forced to leave their country in order to escape war, persecution, or natural disaster.	The percentage of new to the clinic refugees who meet the following milestones: •Attended at least three (3) medical appointments within fourteen (14) months of enrollment into EIS; •Has had at least three (3) CD4 counts and HIV viral load levels within fourteen (14) months of enrollment into EIS; and •Has followed-up on all referrals made through EIS.	New to the clinic refugees who meet the three measurement criteria.	New to the clinic refugees who enroll in Outpatient/Ambulatory Medical Care services at the clinic.	85%			
	Clients receiving services through the Financial Assistance Program-Health Insurance Premium (FAP-HIP) program will	Self-report answer to question on the bi-annual Central Eligibility application	The number of clients who mark “yes” to the question “Are you taking HIV Medications?” on	The number of clients who received FAP-HIP clients in a given month and renewed their Central Eligibility that month.	95%			

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	report taking HIV medications.		their Central Eligibility application renewal.					
Medical Case Management	Medical Case Management clients will attend an HIV primary medical care visit every 6 months	Self-report answer to question on the bi-annual Central Eligibility application	The number of clients who mark “yes” to the question “Have you seen your health practitioner in the past 6 months? “ on their Central Eligibility application renewal.	The number of Medical Case Management clients in a given month who have received Medical Case Management services for 6 months or longer and renewed their Central Eligibility that month.	80%			
	Medical Case Management clients will report increased adherence to their medication regimen.	Ryan White Part A HIV Acuity/Risk Assessment Scale (ARA)	The number of clients who at reassessment (have received Medical Case Management for six months or more) have an ARA rating for question #9 which is higher than their ARA rating for question #9 at initial assessment.	The number of Medical Case Management clients in a given month who had a reassessment.	80%			
	All clients starting ART/HAART enrolled in Medical Case Management will	Goal will be measured over a 12-month period starting March 1,	The number of Medical Case Management clients who	The number of Medical Case Management clients who started HIV Medications	90%			

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	receive treatment adherence counseling 60-120 days after the start of HIV medications by RN Medical Case Manager	2012 until February 28, 2013 and will be performed by RN Medical Case Manager	started HIV medications and received treatment adherence counseling within 60 – 120 days after starting their HIV medications					
	Measurable decrease in viral load in 90% of clients	Verified by Lab reports and interim medical services	Clients in services for 6 months or more	All clients enrolled in services with Agency	90%			
	85% increase in medication adherence	Increase medication adherence by increasing health education.	Clients in services 6 months or more	All clients in services with Agency	85%			
	Determine rate of cervical PAP Smears	Percentage of female patients, with a diagnosis of HIV/AIDS with a PAP Smear in the past year.	Number of HIV-infected female patients who received a PAP Smear in the past year	Number of HIV-infected female patients that attended at least one appointment during the past year	75%			
	Determine rate of TB Screening	Percentage of patients, with a diagnosis of HIV/AIDS who received a TB Screening test in the past year.	Number of HIV-infected patients who received a documented screening for TB by PPD or Quantiferon in the past year	Number of HIV-infected patients not known to be infected with TB that attended at least one appointment during the past year	75%			
Medical Nutrition	Define Retention Rate	1. Identify all clients in 2010 seen at least once.	Clients who returned in 2011	All clients in 2010	75%			

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		2. Identify all clients in 2011 seen at least once.						
	Identify* number of underweight clients in care (*RD required identification)	Clients are identified as underweight when they have a body composition that includes body fat less than 10% of their usual or ideal body weight.	Number of clients who gain or maintain his/her weight	Total number of underweight clients.	75%			
	Retain underweight clients in care.	Defined as number of clients seen at least four times per year.	Number of underweight clients seen four times per year	Total number of underweight clients	75%			
Medical Transportation Services	Clients receiving Transportation services will attend an HIV primary medical care visit every 6 months	Self-report answer to question on the bi-annual Central Eligibility application	The number of clients who mark “yes” to the question “Have you seen your health practitioner in the past 6 months? “ on their Central Eligibility application renewal.	The number of clients who received Transportation Services in a given month and renewed their Central Eligibility that month.	80%			
	Clients receiving Transportation Services will report taking HIV medications.	Self-report answer to question on the bi-annual Central Eligibility application	The number of clients who mark “yes” to the question “Are you taking HIV Medications?” on their Central	The number of clients who received Transportation Services in a given month and renewed their Central Eligibility that month.	80%			

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			Eligibility application renewal					
Mental Health Services	Clients in mental health services will show an improvement in their functioning level based on a Global Assessment of Functioning (GAF) measurements.	Clients will show improvement by two or more points on the GAF measurement scale between March 1st and February 28th, 2013.	The number of clients that were seen twice or more receiving mental health services showing improvement within a six month period.	Will be based on the total number of clients receiving mental health services that have been seen twice or more in a six month period.	50%			
	To increase the proportion of mental health patients with an Initial Treatment Plan completed within ninety (90) days of an initial mental health consultation.	The percentage of Mental Health patients who have an Initial Treatment Plan developed and signed by the patient and provider no later than ninety (90) days after the initial mental health consultation.	Mental Health patients with a written and signed Initial Treatment Plan within ninety (90) days of the initial mental health consultation	Mental Health patients with at least two (2) mental health visits no more than ninety (90) days apart during the measurement year.	95%			
	To increase the proportion of mental health patients with an Updated Treatment Plan completed within one (1) year of the date the Initial Treatment Plan was signed.	To increase the proportion of mental health patients with an Updated Treatment Plan completed within one (1) year of the date the Initial Treatment Plan was signed.	Mental Health patients with a written and signed Updated Treatment Plan within one (1) year of the date the Initial Treatment Plan was signed.	Mental Health patients with at least four (4) mental health visits during the measurement year.	95%			

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	80% of clients will demonstrate progress toward at least one treatment plan goal within 6 months of goal initiation date (or discharge) as evidenced by review of progress notes and treatment plans	Review of progress notes, treatment plans, and treatment plan reviews	Number of clients in treatment >6 months who have shown progress on at least one tx plan goal	All clients in treatment >6 months	80%			
	80% of clients in care for twelve months or more will demonstrate increase in functioning as evidenced by increase in GAF score upon review of annual assessment update.	Review of annual assessment update	Number of BHOC clients in care >12 months with an increase in GAF score	Total number of clients in treatment >12 months	80%			
	80% of clients will demonstrate an increase in functioning as evidenced by an increase in *GAF score at each treatment plan review (at least once every 6 months) or at discharge.	GAF scale located on treatment plan	Number of clients who demonstrate an increase in GAF score at treatment plan review	All clients with a treatment plan	80%			
	Mental health services delivered by agency make a positive impact on our clients' lives.	Number of clients receiving services for at least six months who respond: "Yes, very much" and "Yes, mostly" to the	Number of clients receiving services for at least six months who respond "Yes, very much" and Yes,	Number of clients who participated in the client satisfaction survey and have been receiving services for at least six months.	90%			

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		question: “Are the mental health services you receive through this agency making a positive impact on your life?” through the agency client satisfaction survey.	mostly” who participated in the client satisfaction survey					
	Clients who have self-identified with substance abuse issues at the time of intake will be offered referrals to outside agencies that specialize in providing treatment to the substance abuse population.	Numbers of clients who have self-identified with substance abuse issues are offered referrals to outside agencies at the time of intake, as noted on the comprehensive assessment by responding “yes” to two or more questions on the substance abuse screening tool within the comprehensive assessment.	Number of clients offered referrals who responded “yes” to two or more questions indicating possible abuse or dependence on the substance abuse screening tool at the time of the comprehensive assessment, and referral documented within the medical record.	Number of clients who self-identify with substance abuse issues and responded “yes” to two or more questions indicating possible abuse or dependence on the substance abuse screening tool at the time of the comprehensive assessment, and documented within the medical record.	90%			
Non-Medical Case Management	Clients receiving Non-Medical Case Management Services will attend an HIV primary medical care visit every 6 months	Self-report answer to question on the bi-annual Central Eligibility application	The number of clients who mark “yes” to the question “Have you seen your health practitioner	The number of clients who received Non-Medical Case Management Services in a given month and renewed	80%			

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			in the past 6 months? “ on their Central Eligibility application renewal.	their Central Eligibility that month.				
	Clients receiving Non-Medical Case Management Services will report taking HIV medications.	Self-report answer to question on the bi-annual Central Eligibility application	The number of clients who mark “yes” to the question “Are you taking HIV medications?” on their Central Eligibility application renewal.	The number of clients who received Non-Medical Case Management Services in a given month and renewed their Central Eligibility that month	80%			
	Clients in Supportive Case Management who are enrolled in Part B ADAP services will have a minimum of one laboratory testing visit per 6-month period	Goal will be measured over a 12-month period starting on March 1, 2012 until February 28, 2013	The number of clients in Supportive Case Management that are Part B ADAP eligible who meet the criteria of the goal	The number of clients in Supportive Case Management who are Part B ADAP eligible	80%			
	Clients in Supportive Case Management will be given the BEHKA-HIV assessment once within the measured period to identify additional needs in treatment adherence, mental health services, or additional patient	Goal will be measured over a 12-month period stating on March 1, 2012 until February 28, 2013	The number of clients in Supportive Case Management who participated in the BEHKA-HIV self-evaluation	The total number of clients in Supportive Case Management	80%			

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	education.							
	Increase in basic needs stability: i.e. Housing, food, insurance, transportation services, mental health substance abuse treatment	Documentation of status change and/or documentation of work done to assist client in acquiring and sustaining basic needs.	All newly enrolled clients 4 months or less	Clients enrolled 12 months or less	60%			
	To monitor initial CD4 and viral load lab values as an immunologic indicator of the stage of HIV infection when incarcerated.	CD4 and viral load lab values	1) Number of previously diagnosed HIV infected patients evaluated by HIV case manager with an initial CD4 count greater than 350 and undetectable viral load. 2) Number of HIV infected patients diagnosed through the agency Opt-out HIV Screening Program and evaluated by the HIV case manager with an initial CD4 count greater than 350 and undetectable viral load.	1) Number of previously diagnosed HIV infected patients evaluated by HIV case manager. 2) Number of HIV infected patients diagnosed through the CHS Opt- out HIV Screening program evaluated by HIV case manager.	1) 50% 2) 50%			

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	To compare the number of patients who give a history of meth use to a history of IV drug use.	Positive answers to assessment questions regarding use of use of meth by smoking, snorting, ingesting or injecting compared to IV drug use of other drugs.	1) Number of HIV infected patients evaluated by HIV case manager with history of smoking, snorting or ingesting meth. 2) Number of HIV infected patients evaluated by HIV case manager with history of injecting meth. 3) Number of HIV infected patients evaluated by HIV case manager with history of IV drug use of other drugs.	Number of HIV patients evaluated by HIV case manager	80%			
Outreach	Increase new case findings average 3 case findings a month	Documented initial visits in client chart that notes client's linkage to primary HIV care.	Number of individuals connected to primary HIV care	Number of referrals given to Agency through CareWare.	90%			
	Create or increase retention in primary care from case finding appointment until second follow up appointment.	Documentation of follow up (interim) services and record of second appointment compliance by either attending with client or following up with clinic to ensure	Number of individuals who attend second visit with HIV primary care	Total number of newly diagnosed clients who have attended initial linkage to primary care (1st documented visit)	90%			

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		client has attended.						
	Clients identified as “Case Findings” that are referred to Primary Medical Care will have the first follow-up visit within 30 days of referral	Follow up documentation will identify specific dates within the 30 day timeframe.	80% of Case Findings will demonstrate the 30 follow up.	Will be based on the total number of case findings that have in the next six month period.	80%			
	Clients identified as “Case Findings” will be referred to Medical Case Management Services.	Follow up documentation will demonstrate the referral and entity.	Number of Case Findings that demonstrate a referral to Medical Case Management	Total number of case findings in the review period.	80%			
Primary Medical Care	To increase the proportion of patients who have at least three (3) clinical visits per year as demonstrated through participation in HIVQUAL-US.	The percentage of Primary Medical Care patients who have at least three (3) clinical visits with a provider with prescribing privileges in a calendar year.	Primary Medical Care patients with at least three (3) visits with a provider with prescribing privileges during the measurement year.	Primary Medical Care patients with at least one visit with a provider with prescribing privileges between January 1st and June 30th and at least one visit with a provider with prescribing privileges between July 1st and December 31st.	67.7%			
	To increase the proportion of patients receiving HIV risk reduction counseling at least once annually as demonstrated through participation in HIVQUAL-US.	The percentage of Primary Medical Care patients who receive HIV risk reduction counseling at least once in a calendar year.	Primary Medical Care patients who receive HIV risk reduction counseling at least once during the measurement year.	Primary Medical Care patients with at least one visit with a provider with prescribing privileges between January 1st and June 30th and at least one visit with a	36%			

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				provider with prescribing privileges between July 1st and December 31st.				
	Determine rate of cervical PAP Smears	Percentage of female patients, with a diagnosis of HIV/AIDS with a PAP Smear in the past year.	Number of HIV-infected female patients who received a PAP Smear in the past year	Number of HIV-infected female patients that attended at least one appointment during the past year	75%			
	Determine rate of TB Screening	Percentage of patients, with a diagnosis of HIV/AIDS who received a TB Screening test in the past year.	Number of HIV-infected patients who received a documented screening for TB by PPD or Quantiferon in the past year	Number of HIV-infected patients not known to be infected with TB that attended at least one appointment during the past year	75%			
	80% of HIV-infected clients with HIV/AIDS who utilize the services of the clinic will have two viral loads testing in measurement year in order to predict clinical progression	Percentage of patients, regardless of age, with a diagnosis of HIV/AIDS with a viral load performed at least every six months during the measurement year	Number of patients with a viral load test performed at least every six months.	Number of patients regardless of age, with a diagnosis of HIV/AIDS who have had at least two medical visits during the measurement year, with at least 60 days in between each visit	80%			
	80% of HIV-infected clients with HIV/AIDS who utilize the services of the clinic will have two CD4 –T-Cell counts testing in the	Percentage of patients with HIV infection who had two or more CD4 T-Cell counts performed at least 3	Number of HIV-infected patients who had two or more CD4 T-Cell counts performed at least 3 months	Number of HIV-infected patients who had a medical visit with one of our HIV trained providers at least once in the measurement	80%			

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	measurement year in order to predict clinical progression	months apart during the measurement year.	apart during the measurement year.	year.				
	80% of HIV-infected clients with HIV/AIDS who utilize the services of the clinic will have two medical visits with our HIV-trained provider in measurement year in order to predict clinical progression	Percentage of clients with HIV infection who have two or more medical visits in the measurement year	Number of clients with HIV infection who have two or more medical visits at least 3 months apart medical visits with our HIV-trained provider in measurement year	Number of HIV-infected clients who had a medical visit with a HIV – trained provider at least once in the measurement year	80%			
Substance Abuse	Clients in substance abuse treatment will show improvement in their functioning level based on the Global Assessment of Functioning* (GAF)	Clients will show improvement by two or more points on the GAF measurement scale starting March 1st, 2012 until February 28, 2013.	The number of clients who were seen twice or more receiving substance abuse treatment showing improvement within a six month period.	Will be based on the total number of clients receiving substance abuse treatment who were seen twice or more in a six month period.	50%			
	Clients in substance abuse treatment will show improvement in their functioning level of progress based on the Stages of Change model.	One out of every two clients seen twice or more will have at least moved up one stage starting March 1st, 2012 until February 28, 2013.	The number of clients receiving substance abuse treatment that have been seen twice or more showing improvement within a six month period.	Will be based on the total number of clients receiving substance abuse treatment who were seen twice or more in a six month period.	50%			

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	To increase the proportion of clients with an Initial Treatment Plan completed within ninety (90) days of an initial consultation.	The percentage of clients who have an Initial Treatment Plan developed and signed by the patient and provider no later than ninety (90) days after the initial mental health consultation.	Clients with a written and signed Initial Treatment Plan within ninety (90) days of the initial mental health consultation.	Clients with at least two (2) mental health visits no more than ninety (90) days apart during the measurement year.	95%			
	To increase the proportion of clients with an Updated Treatment Plan completed within one (1) year of the date the Initial Treatment Plan was signed.	The percentage of clients who have an Updated Treatment Plan developed and signed by the patient and provider no later than one (1) year of the date of the Initial Treatment Plan.	Clients with a written and signed Updated Treatment Plan within one (1) year of the date the Initial Treatment Plan was signed.	Clients with at least four (4) mental health visits during the measurement year.	95%			
	50% of clients with a substance abuse treatment goal will demonstrate reduction of use within six months of goal orientation date or discharge as evidenced by review of progress notes and treatment plan.	Review of progress notes and treatment plan	Number of clients who demonstrate reduction of substance use	All clients with a substance abuse treatment goal	50%			
	80% of clients with a substance abuse	GAF (global assessment of	Number of clients who demonstrate	All clients with a substance abuse	80%			

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	treatment goal will demonstrate an increase in functioning as evidenced by an increase in GAF score at each treatment plan review (at least once every 6 months) or at discharge.	functioning) scale located on treatment plan	an increase in GAF score	treatment goal				
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